

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006613

STATE FILE NUMBER

Registration District No. 149

Primary, Registration District No. 1002

Registrar's No. 579

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 18 1963

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in 1b
38 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. MARYS HOSP.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY CLAY

c. CITY OR TOWN KANSAS CITY 17

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4742 NO. TOPPING

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
George Evert HARRISON

4. DATE OF DEATH Month Day Year
JAN. 27-1963

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
11-1-95

9. AGE (last birthday)
67

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED

10b. KIND OF BUSINESS OR INDUSTRY
ELECTRIAL ENG.

11. BIRTHPLACE (City and state or country)
HAZEL GREEN, MO.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

CARLOS B. HARRISON

13b. MOTHER'S MAIDEN NAME

IDA D. BOWLING

14. NAME OF HUSBAND OR WIFE

EVA A. HARRISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
YES W.W. I

16. SOCIAL SECURITY NO.

17. INFORMANT
EVA A. HARRISON

Address K.C. 17- MO.
4742 NO. TOPPING

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Thetastatic Adenocarcinoma -

INTERVAL BETWEEN ONSET AND DEATH
6 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinomatous - etiology unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1961 to 1963

and last saw her him alive on 1-27-63

Death occurred at 1040 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

D.W. NEWCOMER'S SONS-KAN. CITY, MO.

1-29-63

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Bernard L. Mullins MEDICAL CERTIFICATION

VS 300
Rev. 4/59
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13

DR. MULLINS
1806 Swift

2003

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John H. Ralsbeck

Licensed Embalmer No. 4949

P. O. Address No. Kansas City 16, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.